

SINGLE FAMILY RESIDENCE BUILDING PERMIT APPLICATION



PERMIT #: _____

PERMIT FEE: _____

ELBERT COUNTY BUILDING DEPARTMENT
PO BOX 7 - 215 COMANCHE STREET
KIOWA, CO 80117
TELEPHONE: 303-621-3172 FAX: 303-621-3165
INSPECTIONS: www.ElbertCounty-co.Gov >>
Online Services >> Building Inspection Request

PROJECT VALUATION: _____

Project Address: _____ City: _____ Zip: _____

Subdivision/Project Name: _____

Contractor: _____ Phone: _____

Mailing Address: _____ Fax: _____

Owner Name: _____ Phone: _____

Owner mailing address: _____

City: _____ State: _____ Zip: _____

Contractor email address: _____ Owner email address: _____

TYPE OF WORK YOU WILL BE DOING:

THIS SECTION TO BE COMPLETED BY CONTRACTOR:

Model/Plan #: _____ Elevation: _____ Foundation type: _____

Main Living area SF: _____ 2nd Floor SF: _____ Number of Bedrooms: _____

Basement type: _____ Unfinished Basement SF: _____ Finished Basement SF: _____

Number of Decks: _____ Uncovered SF: _____ Covered SF: _____

- All Homes must be designed to the 2006 I codes with 30 # Design Roof Snow Load 90 MPH wind and exposure C.**
- Foundations to be inspected by an engineer of your choice, with original letters from inspections submitted to the building department by rough frame.
- Electrical permits and inspections by State of CO Electrical. Rough electrical must be signed off by the state before rough frame. Final electrical before C/O inspection.**
- Original Improvement Survey due in office before any inspections will be performed.
- Final Driveway must be signed off before C/O.**
- All original paperwork must be in the file before C/O prefer all paperwork be submitted before drywall inspection so your C/O does not get held up.
- Original Grade Certificate due in office before C/O. Grade Certificate MUST state that there are no negative impacts to adjacent properties.**

To obtain a state electrical permit call 303-894-2300 or go the State Electrical web site: www.dora.state.co.us/electrical

I certify that I have read and understand the above: _____

SIGNATURE AND DATE

OFFICE USE ONLY

Sq Ft: DWLF 1st Floor _____ Sq Ft: DWLF 2nd floor _____ Sq Ft: GARF _____

Sq Ft: BSMU _____ Sq Ft: BSMF _____ Sq Ft DECK _____ Sq Ft CDEK _____

Group _____ Division _____ Type _____

Special Notes: _____

BP _____ PR _____ ST _____ FD _____ Use Tax _____

Approved : Month _____ Day _____ Year _____ Expires: Month _____ Day _____ Year _____

Six Month Extension: \$150.00 New Expiration Month: _____ Day _____ Year _____

Building Department Signature and Date